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Daniel Hernande

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ne Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/707,551 **TRANSMITTAL** Filing Date 12/20/2003 First Named Inventor

FORM GUDMUNDSSON Art Unit 2681 **Examiner Name** NGUYEN (to be used for all correspondence after initial filing) Attorney Docket Number 07589.0143.PCUS00 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)												
√	Fee Transmittal F	ee Transmittal Form		Drawing(s)			After Allowance Communication to TC					
	Fee Attack	Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences					
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C		e Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Credit Card Authorization Return Post Card						
-		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AG	ENT					
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Signature How Mice												
Printed name Tracy W. Druce												
Date	10/14/2	10/14/2005				35,493						
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PTO/SB/17 (12-04v2)

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	-		Examiner Name		NGUYEN							
	Applicant claims sma	7	Art Unit	<u>'</u>	2681							
	TOTAL AMOUNT OF PA		Attorney Docket	No.	07589.0143.PCUS00							
1	METHOD OF PAYMENT (check all that apply)											
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	FEE CALCULATION	-		_								
	1. BASIC FILING, SEA Application Type Utility	FILING			RCH FEES Small Entity Fee (\$) 250	EXAM Fee 200		Fees Paid (\$)				
	Design	200	100	100	50	130	0 65					
	Plant	200	100	300	150	160	0 80					
	Reissue	300	150	500	250	600	0 300					
	Provisional	200	100	0	0	(0 0					
	2. EXCESS CLAIM FE Fee Description Each claim over 20 Each independent cl Multiple dependent Total Claims 25 - 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an listings under 37 (sheets or fraction Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specification	Fee Fee an 3. s of pa size fe (1)(G) r of eac	ee due is \$250 (\$ and 37 CFR 1.1 ch additional 50 c (round up to a v	125 fo 6(s). or fracti	Fee (\$) 50 200 360 Multiple De Fee (\$) nically filed sequence small entity) for a small entity	each additional 50						
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(Attorney/Agent) 35,493 elephone 202.659.0100 Name (Print/Type) Tracy W. Druce Date 10/14/2005

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